

COMBINED DECLARATION AND POWER OF ATTORNEY FOR
UTILITY PATENT APPLICATION (Includes PCT)

Attorney Docket No.

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name;
that

I believe I am the original, first and sole inventor (if only one name is listed below)
or an original, first and joint inventor (if plural inventors are listed below) of the
subject matter which is claimed and for which a patent is sought on the invention entitled:

"FEMORAL PROSTHESIS FOR HIP ARTICULATION"

the specification of which (check one)

☒ is attached hereto.

☐ was filed on _____ as Application Serial No. _____
and was amended on _____ (if applicable)

☐ was filed as PCT International Application No. _____ on _____
_____, and was amended under PCT Article 19 on _____ (if applicable)

I hereby state that I have reviewed and understand the contents of the above identified
specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this
application in accordance with Title 37, Code of Federal Regulations, §1.56(a).

I do not know and do not believe the claimed invention was ever known or used in the United
States of America before my or our invention thereof, or patented or described in any printed
publication in any country before my or our invention thereof or more than one year prior to
this application, that the same was not in public use or on sale in the United States of
America more than one year prior to this application, that the invention has not been
patented or made the subject of an inventor's certificate issued before the date of this
application in any country foreign to the United States of America on an application filed
by me or my legal representatives or assigns more than twelve months prior to this
application.

I hereby claim foreign priority benefits under Title 35, United States Code §119 and/or
§365(a)(b) of any foreign application(s) and United States provisional applications for
patent or inventor's certificate listed below and have also identified below any foreign
application for patent or inventor's certificate having a filing date before that of the
application(s) on which priority is claimed:

Prior Foreign and U.S. Provisional Application(s)			Priority Claimed	
UD2002A000173	ITALY	05/08/2002	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(Number)	(Country)	Day/Month/Year Filed	Yes	No
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
(Number)	(Country)	Day/Month/Year Filed	Yes	No

Attorney Docket No. _____

I hereby claim the benefit under Title 35, United States Code, §120 and/or §365(c) of any United States application(s) or PCT international application(s) designating the United States of America listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior application(s) in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

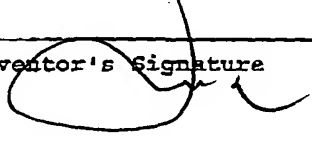
Application Serial No.	Filing Date	Status
		(patented, pending, abandoned)


Application Serial No.	Filing Date	Status
		(patented, pending, abandoned)

I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith; Stevens, Davis, Miller & Mosher, L.L.P.; Anthony P. Venturino, Reg. No. 31,674; James E. Ledbetter, Reg. No. 28,732; and Thomas P. Pavelko, Reg. No. 31,689. Direct all telephone calls to telephone no. (202) 785-0100 and faxes to (202) 202-408-5200.

Address all correspondence to 1615 L Street, N.W., Suite 850, Washington, D.C. 20036.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full Name of Sole, First Inventor Gabriele LUALDI	Inventor's Signature 	Date JULY 18, 2003
Residence: FAGAGNA (UD) - Italy	Citizenship Italian	
Post Office Address: Via dei Faggi 26 - 33034 FAGAGNA (UD) - Italy		

Full Name of Sec nd, J int Inventor Paolo DALLA PRIA	Inventor's Signature 	Date July 18, 2003
Residence: UDINE - Italy		Citizenship Italian
Post Office Address: Via Caccia 10 - 33100 UDINE - Italy		
Full Name of Third, Joint Inventor	Inventor's Signature	Date
Residenc :		Citizenship
Post Office Address:		

Applicant or Patentee: LIMA LTO SpA

Serial or Patent No.: _____ Attorney's
Docket No: _____

Filed or Issued: _____

For: "FEMORAL PROSTHESIS FOR HIP ARTICULATION"

VERIFIED STATEMENT (DECLARATION) CLAIMING SMALL ENTITY
STATUS (37 C.F.R. §1.9(f) AND 1.27 (c)) - SMALL BUSINESS CONCERN

I hereby declare that I am

☐ the owner of the small business concern identified below:

☒ an official of the small business concern empowered to act on behalf of the
concern identified below:

NAME OF CONCERN: LIMA LTO SpA

ADDRESS OF CONCERN: Via Nazionale 36 - 33030 VILLANOVA DI SAN DANIELE
DEL FRIULI (UD) - ITALY

I hereby declare that the above identified small business concern qualifies as a small business concern as defined in 37 C.F.R. §121.3-18, and reproduced in 37 C.F.R. §1.9(d), for purposes of paying reduced fees under section 41(a) and (b) of Title 35, United States Code, in that the number of employees of the concern, including those of its affiliates, does not exceed 500 persons. For purposes of this statement, (1) the number of employees of the business concern is the average over the previous fiscal year of the concern of the persons employed on a fulltime, part-time or temporary basis during each of the pay periods of the fiscal year, and (2) concerns are affiliates of each other when either, directly or indirectly, one concern controls or has the power to control the other, or a third party or parties controls or has the power to control both.

I hereby declare that rights under contract or law have been conveyed to and remain with the small business concern identified above with regard to the invention, entitled

"FEMORAL PROSTHESIS FOR HIP ARTICULATION"

by inventor (s) Gabriele LUALDI and Paolo DALLA PRIA

described in:

☒ the specification filed herewith
☐ application serial no. _____, filed _____
☐ patent no. _____, issued _____

If the rights held by the above-identified small business concern are not exclusive, each individual, concern or organization having rights to the invention is listed below* and no rights to the invention are held by any person, other than the inventor, who would not qualify as an independent inventor under 37 C.F.R. §1.9(c) if that person made the invention, or by any concern which would not qualify as a small business concern under 37 C.F.R. §1.9(d), or a nonprofit organization under 37 C.F.R. §1.9(e). *NOTE: Separate verified statements are required from each named person, concern or organization having rights to the invention averring to their status as small entities. (37 C.F.R. §1.27)

FULL NAME _____

ADDRESS _____
☐ INDIVIDUAL ☐ SMALL BUSINESS CONCERN ☐ NON PROFIT ORGANIZATION

FULL NAME _____

ADDRESS _____
☐ INDIVIDUAL ☐ SMALL BUSINESS CONCERN ☐ NON PROFIT ORGANIZATION

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 C.F.R. §1.28(b))

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

NAME OF PERSON SIGNING Gabriele LUALDI

TITLE OF PERSON OTHER THAN OWNER Chairman and Managing Director

ADDRESS OF PERSON SIGNING Via dei Faggi 26 - 33034 FAGAGNA (UD) - Italy

SIGNATURE LIMA LTO S.p.A.
Il Presidente
Gabriele Lualdi DATE July 18, 2003